Initial Approval: September 14, 2007
Revised Dates: April 21, 2021
January 11, 2017; July 8, 2015; April 8, 2015;
January 14, 2015; September 2014;
April 9, 2014; October 10, 2012; June 15, 2011

CRITERIA FOR PRIOR AUTHORIZATION

Weight Loss Drugs

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug(s) require prior authorization:
Liraglutide (Saxenda®)
Lorcaserin (Belviq®, Belviq® XR)
Naltrexone/Bupropion (Contrave® ER)
Orlistat (Xenical® & Alli®)
Phentermine products
Phentermine/Topiramate extended-release (Qsymia®)

CRITERIA FOR INITIAL APPROVAL: (must meet all of the following)

- The patient is not pregnant or breastfeeding
- The treatment plan includes a nutritionally balanced, reduced-calorie diet, exercise, and behavioral counseling
- The patient has a BMI ≥ 30 **OR** is in the 95th percentile **OR** BMI ≥ 27 **AND** has at least one comorbidity (diabetes, hypertension, dyslipidemia, or cardiovascular disease) **OR** If patient is taking orlistat to reduce the risk of weight regain after prior weight loss the patient has a documented history of BMI ≥ 30 **OR** was in the 95th percentile **OR** BMI ≥ 27 **AND** has at least one comorbidity (diabetes, hypertension, dyslipidemia, or cardiovascular disease)
- Dose must not be above the approved limits for agent in table 1
- Patient must meet age limits in table 2
- If patient is taking orlistat for weight loss, they have not taken more than 180 days of orlistat in the past 12 months
- The patient does not have any contraindication to therapy (table 3)
- For phentermine patient has not taken phentermine in the past 12 months **AND** has not taken a Monoamine Oxidase Inhibitor (MAOI) in the past 14 days (table 4)
- For phentermine/topiramate ER the patient has not taken a MAOI in the past 14 days (table 4) **AND** is not taking above the quantity limit for 3.75mg/23mg and 11.25mg/69mg strengths of ≤14 capsules
- For naltrexone/bupropion ER the patient has not taken a MAOI in the past 14 days (table 4) **AND** patient must not be taking another bupropion-containing product concurrently **AND** patient must not be on chronic opioids
- For liraglutide, patient must not be taking another GLP-1 receptor agonist
- ~~For liraglutide, patient must not be taking insulin concurrently~~

LENGTH OF APPROVAL FOR PHENTERMINE 3 months

LENGTH OF APPROVAL FOR LIRAGLUTIDE 16 weeks

LENGTH OF APPROVAL FOR NALTREXONE/BUPROPION 15 weeks

LENGTH OF APPROVAL FOR ALL OTHER AGENTS 3 months

RENEWAL CRITERIA FOR PHENTERMINE PRODUCTS: (must meet all of the following)

- The patient has lost a total of 3% of pretreatment weight within 3 months of initiating phentermine and maintains the 3% weight loss
- The patient has lost a total of 5% of pretreatment weight within 6 months of initiating phentermine and maintains the 5% weight loss

LENGTH OF RENEWAL APPROVAL FOR PHENTERMINE 3 months

RENEWAL CRITERIA FOR LORCASERIN AND ORLISTAT FOR WEIGHT LOSS: (must meet all of the following)

- The patient has lost a total of 5% of pretreatment weight within 3 months of initiating therapy and maintains the 5% weight loss
- Dose must not exceed limit in table 1

LENGTH OF RENEWAL APPROVAL 3 months

RENEWAL CRITERIA FOR NALTREXONE/BUPROPION: (must meet all of the following)

- The patient has lost a total of 5% of pretreatment weight within 12 weeks at the maintenance dosage and maintains the 5% weight loss
- Dose must not exceed limit in table 1

LENGTH OF RENEWAL APPROVAL 3 months

RENEWAL CRITERIA FOR ORLISTAT TO REDUCE THE RISK OF WEIGHT REGAIN: (must meet all of the following)

- The patient has maintained their weight loss

LENGTH OF RENEWAL APPROVAL FOR ORLISTAT TO REDUCE THE RISK OF WEIGHT REGAIN 3 months

RENEWAL CRITERIA FOR PHENTERMINE/TOPIRAMATE ER: (must meet all of the following)

- The patient has lost a total of 3% of pretreatment weight within 3 months of initiating phentermine/topiramate ER and maintains the 3% weight loss
- The patient has lost a total of 5% of pretreatment weight within 6 months of initiating phentermine/topiramate ER and maintains the 5% weight loss

LENGTH OF RENEWAL APPROVAL FOR PHENTERMINE/TOPIRAMATE ER 3 months

RENEWAL CRITERIA FOR LIRAGLUTIDE: (must meet all of the following)

- The patient has lost a total of 4% of pretreatment weight within 16 weeks of initiating therapy with liraglutide and maintains the 4% weight loss

LENGTH OF RENEWAL APPROVAL FOR LIRAGLUTIDE 16 weeks

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

_____

DATE

_____

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

_____

DATE

TABLE 1: MAX DOSE LIMITS

Agent	Dose Limit
Belviq, Belviq XR (lorcaserin)	20mg per day
Alli® (orlistat)	180 mg per day
Qsymia (phentermine/topiramate ER)	15mg/92mg per day
Contrave ER (naltrexone/bupropion)	32mg/360mg per day
Saxenda (liraglutide)	3mg per day

TABLE 2: AGE LIMITS

Agent	Minimum Age (years)
Belviq, Belviq XR (lorcaserin)	18
Qsymia (phentermine/topiramate ER)	18
Contrave ER (naltrexone/bupropion)	18
Xenical & Alli (orlistat)	12
All Phentermine products	17
Saxenda (liraglutide)	~~18~~12

TABLE 3: CONTRAINDICATIONS

Agent	Contraindication(s)
Qsymia (phentermine/topiramate ER)	history of uncontrolled hypertension, unstable cardiovascular disease, or cardiac arrhythmia
Contrave ER (naltrexone/bupropion)	history of uncontrolled hypertension, seizure disorders, anorexia nervosa or bulimia, or undergoing abrupt discontinuation of alcohol, benzodiazepines, barbiturates, or antiepileptic drugs
Xenical & Alli (orlistat)	history of cholestasis or chronic intestinal malabsorption
All Phentermine products	history of uncontrolled hypertension, unstable cardiovascular disease, or cardiac arrhythmia
Saxenda (liraglutide)	personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2; or pregnancy

TABLE 4: MONOAMINE OXIDASE INHIBITORS (MAOIS)

Generic Name	Brand Name
Isocarboxazid	Marplan®
Linezolid	Zyvox®
Phenelzine	Nardil®
Rasagiline	Azilect®
Selegiline	Emsam®, Zelpar®, Eldepryl®, Carbex®, Atapryl®
Tranylcypromine	Parnate®

TABLE 5: LENGTH OF THERAPY LIMITS

Agent	Maximum Length of Therapy
Belviq, Belviq XR (lorcaserin)	2 years
Qsymia (phentermine/topiramate ER)	1 year
Xenical & Alli (orlistat)	4 years

All Phentermine products	1 year

Revision Date	Revision
1/2017	Added Belviq XR to criteria
7/2015	Revised approval duration for Contrave. Include max dose of Alli. Extension of initial phentermine duration and added criteria for renewal.
4/2015	Added criteria for Saxenda
01/2015	Added criteria for Contrave ER
09/2014	Clarified that 'phentermine' should include all phentermine products and Phentermine/Topiramate is an extended-release product. Did not require DUR board approval – clarified with DHCF Pharmacy Program Manager